Congressman Womack's Washington, D.C. Internship Application

Printed Name	Signature	Date
Permanent Address:	E	Mailing Address (if different from permanent address):
Phone:	37	Email:
Date of Birth:		
University/College:		
Major/Minor and Cumulative G	PA:	
Expected Graduation Date:	THE PARTY	
Please check for which semester Fall (August-December)		olying: y) Summer I (May-June) Summer II (July-August)
Will you be available full-time of Note: You must be available full-time to particip	or part-time? ate in a summer internship in	D.C.
your responsibility to provide al Copy of a current resume Two letters of recommenda One page essay addressing	l accurate and relevation-one academic the following: Nota	Please use this checklist for your application packet. It is ant information in your application. and one professional along with their contact information able academic or work experience, goals for this internship, nat you deem would be helpful in a Congressional office

Please e-mail your completed application to:

Congressman Womack c/o Davis Threlkeld

Davis.Threlkeld@mail.house.gov

Questions? Please call (202) 225-4301 and ask to speak with the Intern Coordinator.